

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/570,554

FILING DATE

3-3-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				2		
4				2		
5				2		
6				2		
7				2		
8				2		
9				2		
10				2		
11				2		
12				2		
13				1		
14				1		
15				2		
16			1			
17				1		
18				1		
19				1		
20			1			
21			1			
22			1			
23			Cancelled			
24			1			
25			1			
26			1			
27				2		
28				2		
29				2		
30			1			
31			1			
32						
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49						
50						
TOTAL IND.		↓	9	↓		↓
TOTAL DEP.		←	35	←		←
TOTAL CLAIMS			44			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						